

Can Texas Afford Not to Care About Oral Health?



“There isn’t a day that goes by at a Seton Emergency Department where we don’t see a patient with serious oral disease and pain. Most of the time we give the patient penicillin and pain medication—and a referral to a local dentist or clinic. A few weeks ago, an uninsured young male presented at the University Medical Center at Brackenridge Emergency Department with night sweats, weight loss and fever—symptoms that can accompany AIDS or a malignancy such as testicular cancer. He came to the Emergency Department after one of his teeth fell out into his drink at a party. We ran about \$8,000 worth of tests which excluded cancer and several other possible conditions. It turned out this young man had serious gum disease. How many teeth cleanings could \$8,000 have paid for?”

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Employed adults lose an estimated 164 million hours of work due to oral health problems or dental visits each year.

SOURCE: *Oral Health in America: A Report of the Surgeon General, 2000.*

BACKGROUND

Even in the face of an economic recession, health care reform remains a top domestic priority among American voters.¹ Political candidates from the top to the bottom of the ballot speak passionately about increasing access to general health coverage. Less attention, however, is being paid to improving access to oral health care.

This is nothing new. Oral health care has taken a backseat to general health for decades. In 2000, however, the landmark study *Oral Health in America: A Report of the Surgeon General*, shined much-needed light on the “silent epidemic” of untreated oral disease—and affirmed the link between oral health and general health.² A few years later in 2003, the government, health care providers and public health advocates released *A National Call to Action to Promote Oral Health*.³

Unfortunately, *A National Call to Action* was released while the State of Texas’ Oral Health Program (OHP) was being dismantled due to state budget shortfalls. Total funding for the Department of State Health Services (DSHS) Oral Health Program dropped from \$3.1 million in fiscal year 2002 to a mere \$1.2 million in fiscal year 2005—a 62 percent cut. Staffing levels during that same period were cut from 56 employees to about 20—a 65 percent reduction.⁴ Dental benefits for children enrolled in the state’s Children’s Health Insurance Program (CHIP) also fell victim to budget shortfalls in 2003, but were reinstated by lawmakers a few years later.

ECONOMIC CONSEQUENCES OF UNTREATED ORAL DISEASE

Untreated oral disease has serious economic consequences. The surgeon general estimates that children with oral disease miss over 51 million hours of school each year.⁵ Missing school not only disrupts student learning, it also directly affects local school funding, since the amount of state dollars a school in Texas receives is based in part on weighted average daily attendance.

Untreated dental disease is extremely painful and affects a person’s productivity at work. According to the surgeon general, employed adults lose an estimated 164 million hours of work due to oral health problems or dental visits each year.⁶ What’s more, adults with visible dental problems are less employable and sometimes reluctant to seek employment because they are simply ashamed to open their mouths.

Untreated oral diseases can also drive up health care costs in general. Left untreated, certain dental infections can become systemic and damage other parts of the body, resulting in the need for expensive emergency department visits, hospital stays, anesthesia and antibiotics.

1 Health care was ranked as the third most important issue voters wanted presidential candidates to discuss during the 2008 campaign, according to the March 2008 tracking poll, “Kaiser Health Tracking Poll: Election 2008.”

2 U.S. Department of Health and Human Services, “Oral Health in America: A Report of the Surgeon General — Executive Summary,” Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

3 U.S. Department of Health and Human Services, “A National Call to Action to Promote Oral Health,” Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003.

4 Staffing and funding data provided electronically from the Oral Health Group, Texas Department of State Health Services (25 March 2008).

5 U.S. Department of Health and Human Services, “Oral Health in America: A Report of the Surgeon General — Executive Summary,” Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

6 Ibid.

Preventive oral health care saves money

A study published in *Pediatrics*, a journal of the American Academy of Pediatrics, found that dental costs among Medicaid-enrolled children who visited the dentist before age 1 were 40 percent lower in the first five years of life compared to children who did not see a dentist before their first birthday.⁷



Did you know?

SOURCE: *Pediatrics*, 2004.

MEDICAL CONSEQUENCES OF UNTREATED ORAL DISEASE

Failure to treat oral diseases costs more than money. It can also seriously compromise a person's general health and quality of life. **The good news is that most oral diseases are preventable.** The bad news is that left untreated, dental infections can enter the bloodstream and lead to serious and occasionally life-threatening conditions. In fact, the International Classification of Diseases lists more than 120 systemic diseases that come from the oral cavity.⁹

Although the health care system often treats the mouth as separate and apart from the rest of the body, oral and general health are closely linked. What happens in the mouth can and does affect what happens in other parts of the body. An ever-expanding body of research supports possible associations between oral disease (particularly gum disease) and medical conditions such as diabetes, heart disease, stroke and bacterial pneumonia.¹⁰ Researchers have also found evidence of the vertical transmission of bacteria causing oral disease between caregivers and very young children.¹¹ And the mouth is increasingly being used to help identify other health conditions throughout the body, such as early stages of diabetes.

“Oral health ailments — cavities, cancer, gum disease, tooth loss, oral-craniofacial injuries and birth defects — afflict more Americans than any other cluster of health problems.”⁸

SOURCE: *Oral Health America*, 2003.

⁷ Matthew F. Savage, Jessica Y. Lee, Jonathan B. Kotch and William F. Vann, Jr., “Early Preventive Dental Visits: Effects on Subsequent Utilization and Costs,” *Pediatrics* 114 (2004): e418.

⁸ “A State of Decay: The Oral Health of Older Americans, An Oral Health America Special Grading Project,” *Oral Health America*, September 2003, <<http://www.oralhealthamerica.org/pdf/stateofdecayfinal.pdf>> (15 March 2008):1–10.

⁹ Mandel, Irwin, “Oral Infections: Impact on Human Health, Well-being and Health Care Costs,” Compendium, May 2002, as referenced in Texas Health and Human Services Commission, “Cost and Benefit Analysis for Senate Bill 34: Final Report to the Legislature,” December 2002: 3-4.

¹⁰ Michael L. Barnett, “The Oral-Systemic Disease Connection: An Update for the Practicing Dentist,” *Journal of the American Dental Association* 137 (2006): 5S.

¹¹ Kevin J. Hale et al., “Oral Health Risk Assessment Timing and Establishment of the Dental Home,” policy statement of the American Academy of Pediatrics, *Pediatrics* 111 (2003): 1113.

“The oral cavity is a portal of entry as well as the site of disease for bacterial and viral infections that affect general health status.”¹⁵

SOURCE: *Centers for Disease Control and Prevention, 2007.*

“Oral-facial pain, as a symptom of untreated dental and oral problems and as a condition in and of itself, is a major source of diminished quality of life. It is associated with sleep deprivation, depression, and multiple adverse psychosocial outcomes.”¹⁷

SOURCE: *Centers for Disease Control and Prevention, 2007.*

Tooth decay is the most common chronic disease among American children, causing unnecessary pain, avoidable facial disfigurement and rarely but tragically, life-threatening infections.¹² Early Childhood Caries (cavities among 2- to 5-year olds, also known as ECC) are increasingly common.¹³ According to the American Academy of Pediatric Dentistry, “not only does ECC affect teeth, but consequences of this disease may lead to more widespread health issues.”¹⁴

Oral problems can also dramatically affect babies and toddlers with untreated cleft lip/palate (a congenital birth defect). Structural problems and chronic pain caused by the cleft lip/palate can make eating painful — inhibiting healthy growth and sometimes resulting in a condition known as “failure to thrive.”

SOCIAL CONSEQUENCES OF UNTREATED ORAL DISEASE

Although difficult to quantify, the social consequences of poor oral health are also important. Children with untreated oral disease often have difficulty eating, speaking and sleeping. They may be ashamed of their appearance and have a hard time interacting with their peers. What’s more, children with pain from untreated cavities or other dental conditions may be distracted in school and unable to learn or participate. One study even found a link between oral health problems and low self-esteem, teen delinquency and adolescent pregnancy.¹⁶ Adults with visible dental problems also suffer. As described earlier, many are reluctant to seek employment because of how they look or sound when they try to speak.

CONCLUSION

The impact of unchecked oral disease goes beyond the damaging effects found locally in the mouth. Oral disease can lead to poor nutrition, serious systemic illness and a diminished quality of life and life expectancy. Oral disease can also wreak economic havoc — keeping children out of school and parents home from work — not to mention lower productivity of workers with untreated oral pain. The good news is that with proper oral health care, both home and professional, most of the negative consequences associated with poor oral health can be prevented.

¹² Bruce A. Dye et al., “Trends in Oral Health Status: United States, 1988-1994 and 1999-2004,” *Vital and Health Statistics* 11 (2007): 16.

¹³ *Ibid.*

¹⁴ Council on Clinical Affairs, American Academy of Pediatric Dentistry, “Policy on Early Childhood Caries (ECC): Unique Challenges and Treatment Options,” Adopted 2000; revised 2003, 2007: 42.

¹⁵ Centers for Disease Control and Prevention, “The Burden of Oral Disease: Tool for Creating State Documents,” Atlanta: U.S. Department of Health and Human Services, 4 June 2007, <<http://www.cdc.gov/oralhealth/library/burdenbook/>> (11 April 2008): 16.

¹⁶ Homa Amini, Janet Goldberg and Jill Huntley, “Does Oral Health Matter?” Columbus, OH: The Health Policy Institute of Ohio (2005): 3.

¹⁷ Centers for Disease Control and Prevention, “The Burden of Oral Disease: Tool for Creating State Documents,” Atlanta: U.S. Department of Health and Human Services, 4 June 2007, <<http://www.cdc.gov/oralhealth/library/burdenbook/>> (11 April 2008): 15.

¹⁸ American Dental Association, “Periodontal Disease Linked to Mortality in Diabetes Patients: Study,” *ADA News*, 10 January 2005, <<http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=1219>> (5 March 2008).

The link between oral health and systemic diseases

Researchers from the National Institute of Diabetes and Kidney Disease found that diabetic patients with severe gum disease were more than three times more likely to die of combined kidney and heart dysfunction compared with other groups with no or mild-to-moderate gum disease — even after adjusting for other risk factors, such as high blood pressure and tobacco use.¹⁸

SOURCE: *American Dental Association, 2005.*

Did you know?

